



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

YUJU SAKAEGI

Application No.: 08/579,739

Filed: December 28, 1995

For: COMPUTER PERIPHERAL
APPARATUS WITH POWER
SUPPLY CONTROL

Examiner: Vu, Ngoc Yen T.

Group Art Unit: 2612

February 5, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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FEB 17 2004

Technology Center 2600

AMENDMENT

Sir:

In response to the Office Action dated September 5, 2003 (Paper No. 29),

the period for response to which having been extended to February 5, 2004 by the accompanying Petition For Extension Of Time with fee, please amend the above-identified application, as follows:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

February 5, 2004
(Date of Deposit)

Michael K. O'Neill (Reg. No. 32,622)
(Name of Attorney for Applicant)

Signature _____

February 5, 2004
Date of Signature

2612 \$



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YUJU SAKAEGI

Application No.: 08/579,739

Filed: December 28, 1995

For: COMPUTER PERIPHERAL APPARATUS
WITH POWER SUPPLY CONTROL

Docket No. 03500.011122.

Examiner: Vu, Ngoc Yen T.

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Date: February 5, 2004

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 21	MINUS	** 21	= 0	x \$9 \$18	.00
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$43 \$86	.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$ 420.00 to cover the fee for a two month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant

Registration No. 32622

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

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